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Private Health Sector Program

An Assessment of Behavior Change Communication Materials in Private Sector Health Facilities in Ethiopia

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARC	AIDS Resource Center
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
DOTS	Directly Observed Treatment, Short Course
FGAE	Family Guidance Association of Ethiopia
FHI	Family Health International
FMOH	Federal Ministry of Health
FP	Family Planning
HAPCO	National HIV/AIDS Prevention and Control Office
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
ICAP	International Center for AIDS Care and Treatment Programs
IPC	Interpersonal Communication
ITECH	International Training & Education Center for Health
JHU	Johns Hopkins University
MSH	Management Sciences for Health
MSI	Marie Stopes International
PHSP	Private Health Sector Program
PMTCT	Prevention of Mother-to-Child Transmission
PPM	Public-Private Mix
PSI	Population Services International
PSP	Private Sector Program
RH	Reproductive Health
SNNPR	Southern Nations, Nationalities, and People's Region
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBCAP	Tuberculosis Control Assistance Program
TSEHAI	Technical Support for the Ethiopian HIV/AIDS ART Initiative
UCSD	University of California San Diego

I. BACKGROUND

The goal of USAID/Ethiopia's Private Health Sector Program (PHSP) is to enable the Federal Ministry of Health and Regional Health Bureaus to effectively partner with private health providers to deliver public health services, while improving the quality and affordability of these services. Specifically, PHSP engagement with the private sector will realize improvements in service packages for HIV/AIDS and other sexually transmitted infections (STI), tuberculosis (TB), family planning (FP), and malaria. PHSP will also enhance government oversight, strengthen public-private referral mechanisms, develop interventions to increase financing for the private health sector, and improve client education.

While considerable effort is being made to provide quality services, the program will not assume "if we build it they will come." It will use behavioral change communication (BCC) approaches to collaboratively design, implement, and evaluate health communication strategies to achieve its goal in a significant and sustainable way, mainly by empowering people to change their health seeking behavior.

2. BCC OBJECTIVES UNDER PHSP

To generate demand for quality health services in the private sector, PHSP will utilize evidence-based strategies that encourage clients to seek quality health services in that sector, and empower them as consumers to be more proactive and mindful about managing their health. To achieve this, the program will improve interpersonal communication (IPC) skills of health providers as these providers, are crucial to informing the decision-making and health-seeking behavior of individuals, especially for disease prevention and healthy living. The PHSP team is also working with policymakers to establish clear policies and guidelines that will ensure quality and convenience of the private health facilities while BCC strategies will help build enabling environments.

In order to reach these objectives, PHSP will start by gaining a clear understanding of the barriers clients face in choosing private sector care and what motivates or influences them to seek such services. PHSP will then use BCC methodologies to help clients overcome these barriers. The BCC work will:

- Empower the client to become an informed decision maker about their health
- Improve client and provider interaction, creating a more comfortable environment for care
- Create a sense of shared responsibility between client and provider in disease and treatment management
- Promote health services available in the private sector

3. ASSESSMENT OBJECTIVE

As a first step in developing BCC activities, PHSP conducted an informal assessment of existing BCC materials for HIV/AIDS, STI, TB, FP, and malaria. The objective of the assessment was to identify promotional and communication materials that local and international partner organizations produce and distribute to private health facilities in their effort to increase access and demand for health services for clients and determine what existing materials can be used under PHSP. This informal assessment was also meant to provide insight to what BCC materials are still needed.

4. ASSESSMENT METHODOLOGY

PHSP carried out the following eight activities during the assessment:

1. Reviewed an assessment done by Private Sector Program (PSP)-Ethiopia in 2008
2. Developed a questionnaire and distributed it to PHSP project team leaders to complete
3. Developed a questionnaire and distributed it to private health clinic providers to complete
4. Did a general observation of clinics
5. Held informal conversations with clients
6. Visited government, local, and international organizations working in similar health areas for informal conversations and semi-structured interviews with key staff
7. Collected and reviewed communication materials
8. Made site visits to clinics in the Oromia and SNNPR regions

The following subsections discuss each of the above activities.

4.1. Review 2008 assessment by PSP-Ethiopia

To inform the start of the BCC work under PSP-Ethiopia, in August 2008 the project conducted an assessment on the needs for BCC materials and job aides for TB/HIV services in private health settings. Century International Consulting conducted the assessment under the guidance of Gael O'Sullivan, Senior BCC Technical Advisor of Abt Associates. The assessment report outlined the need for BCC materials, including job aides on TB/HIV in the private health facilities that provide Public-Private Mix-Directly Observed Treatment, Short Course (PPM-DOTS) services. This report served as a baseline for PSP-Ethiopia and offered a point of comparison for the PHSP assessment.

4.2. Questionnaire submitted to PHSP project team leaders

The PHSP project team, with experience in health-related areas such as family planning, STI, TB, antiretroviral therapy (ART), mobile counseling and testing (CT), and facility-based CT, has insight and knowledge about the availability of, needs for, and shortages of communication materials. Each project team leader provided feedback through a questionnaire.

4.3. Questionnaire submitted to providers in private health clinics

It was also imperative to gain a perspective on communication materials availability, needs, and shortages from providers working in the private health clinics. To obtain their feedback, five providers in five different private health facilities were asked to fill out a questionnaire.

4.4. General observation of BCC materials in private clinics in Addis Ababa

PHSP visited four clinics to observe the communication materials displayed, waiting room environment, and utilization of BCC materials. These clinics, located in Addis Ababa, are Bethesda Clinic, Senay Clinic, St Mary Clinic, and Tesfa Kokeb Clinic.

4.5. Informal conversation with clients in private clinics in Addis Ababa

Informal conversations were held with clients in the waiting rooms of Bethesda Clinic, Senay Clinic, and Noble Clinic. Questions were asked about the availability of communication materials for information as well as materials that clients can take with them for reference.

4.6. Interviews and discussions with government, local, and international organizations working in similar health areas

It is imperative to build ongoing relationships with partner organizations and government stakeholders. PHSP therefore identified organizations working in health areas similar to those of the program, and then visited the organizations to hold informal discussions and more structured interviews with communication staff regarding BCC activities in the areas of HIV/AIDS and other STI, TB, FP, and malaria.

Questions addressed the production of BCC materials or their acquisition from an external source. The PHSP representative collected samples of materials for review and possible reproduction and distribution. Discussions focused on the availability of useful and effective BCC materials based on need. Methods for distributing and re-stocking external materials were also examined.

4.7. Collection and review of communication materials

PHSP also collected communication materials during interviews at organizations. These materials were reviewed and, upon agreement with the corresponding organization, some were selected for duplication and distribution. PHSP also set up a resource room at the project's office to display the communication materials collected.

4.8. Site visits to clinics in the Oromia Region and Southern Nations, Nationalities, and People's Region (SNNPR)

PHSP visited eight program-affiliated private health facilities in Oromia and SNNPR to identify promotional and communication activities in facilities outside of Addis Ababa. Ease of access and availability of health services within these facilities were also considered during the visits.

5. FINDINGS

Each assessment activity provided insight on what BCC materials existed on HIV/AIDS, STI, TB, FP, and malaria and the needs and gaps for such materials in the private health sector. The following findings are described by assessment activity¹.

5.1. Review of PSP-Ethiopia 2008 assessment

The main conclusion from the PSP-Ethiopia 2008 assessment included the following:

- Scarcity of BCC materials and job aides on TB/HIV is evident both at public and private health facilities.
- In general, the system of production, storage, distribution, refill, and monitoring and evaluation related to health communication materials, including job aides, is weak. Nor is there a

¹ With the exception of the findings from the PHSP team leader and provider questionnaires, which are presented together in Section 5.2.

mechanism to distribute materials to private settings by those organizations involved in production and distribution of materials.

- There is a great need for BCC materials and job aides on TB/HIV in both public and private health facilities and at the community level.
- There are no current efforts or future plans to identify needs and/or prepare BCC materials and job aides on TB/HIV for use by private health facilities. Similarly, little attention has been given to communication, advocacy, and social mobilization materials on TB/HIV.
- There are many misconceptions and limited public awareness and knowledge of TB/HIV.
- Health care providers have limited knowledge of the use and application of BCC materials or job aides. Their skills in health communication in general and IPC in particular also are very limited.
- In addition to audiovisual materials, the use of brochures, posters, and billboards were recommended as the type of BCC materials recommended for communicating messages at private health facilities. Wall charts are the preferred way to present job aides.
- The types of BCC materials to be used depend on the education status and other socio-demographic characteristics of clients.

From this informal assessment, it appears as though there has been some progress in addressing these issues. For example, under PSP-Ethiopia, posters, brochures, and job aides on TB/HIV were developed and distributed to private sector clinics. However, more work needs to be done to ensure that clinics and providers are using the materials to effectively reach their clients.

5.2. Questionnaire findings from team leaders and providers

Findings from the PHSP questionnaires administered to PHSP team leaders and private health facility providers are categorized into six sections:

1. Importance of BCC materials
2. Availability and quality of existing BCC materials
3. Types of communication materials needed or preferred
4. Key health issues and messages for BCC material content
5. Organizations working in health areas and that may produce or distribute BCC materials
6. Readiness to promote private health facilities

5.2.1. Importance of BCC materials

This question examined respondents' views on the importance of BCC materials, and their perception of the degree to which communication materials were prioritized. The rating scale provided to respondents for these questions was: extremely important, important, unimportant, and extremely unimportant.

PHSP team leaders rated the significance of communication materials as being extremely important. The degree of prioritization, however, was low, due to workload.

Providers rated the significance of communication materials as extremely important to important. Again, prioritization was low due to lack of resources and of communication materials themselves. Communication materials were rated important because of their ability to educate and inform and also to communicate about the availability of services.

5.2.2. Availability and quality of existing BCC materials

This section aimed to measure if respondents felt that communication materials are available and if so whether they maintain quality content and address pertinent issues. Possible answers were: fully adequate, partially adequate, inadequate, not available at all, and I don't know.

PHSP team leaders stated that communication materials were mostly unavailable, and that the quality of the content of the few that are available is inadequate. In terms of health areas, team leaders stated that communication materials for CT and ART were more available, with better-quality content.

Providers confirmed the unavailability of useful and effective communication materials.

5.2.3. Types of communication materials needed or preferred

Due to the variety of communication materials available (posters, pamphlets, flyers, audio visuals, flip charts, wall charts, and job aides), this question examined which type of communication material was most preferred or needed by respondents.

PHSP team leaders responded that all types of communication materials in the PHSP-focus health areas would be useful.

Providers also stated that all types of communication materials would be beneficial for clients, especially those addressing which health services they provide at their facility.

5.2.4. Key health issues and messages for BCC material content

As messaging strategies are important, this question examined important issues to be addressed in communication material content. Respondents were asked which priority messages need to be addressed from the following areas:

- Information on the opportunity and availability of health services (TB, family planning, STI, malaria, CT, etc.)
- Increasing knowledge on health issues (TB, family planning, STI, malaria, CT, etc.) and creating the ability and self-efficacy to seek health services
- Enhancing motivation and changing attitudes, beliefs, intentions, and willingness to seek health services; and/or
- Specify any other important messages.

PHSP team leaders responded that all the above messages needed to be prioritized.

Providers also stated that all the above messages were important.

5.2.5. Organizations working in health areas and that may produce or distribute BCC materials

As stated in Section 4, one of the assessment methods was to visit government, local, and international organizations working in similar health areas and to conduct interviews with the organizations' communications staff to gain information on existing BCC materials. To help compile a list of such organizations to visit, PHSP team leaders and providers were asked to suggest organizations they knew were working in the areas of HIV/AIDS (including ART, prevention of mother-to-child transmission (PMTCT), and CT), STI, TB, FP, and malaria.

PHSP team leaders recommended the following organizations:

- Addis Ababa Health Bureau
- AIDS Resource Center (ARC)
- Consortium of Reproductive Health Associations
- DKT-Ethiopia
- EngenderHealth
- Ethiopian Society of Obstetrics/Gynecology
- Family Guidance Association of Ethiopia (FGAE)
- Family Health International (FHI)
- Federal Ministry of Health (FMOH)
- International Center for AIDS Care and Treatment Programs (ICAP) - Ethiopia
- International Training & Education Center for Health (ITECH) Ethiopia
- Ipas
- Johns Hopkins University (JHU)-Technical Support for the Ethiopian HIV/AIDS ART Initiative (TSEHA)
- Marie Stopes International (MSI) - Ethiopia
- National HIV/AIDS Prevention and Control Office (HAPCO)
- Pathfinder
- Population Media Center
- Population Services International (PSI)
- Tuberculosis Control Assistance Program (TB-CAP)/Management Sciences for Health (MSH)
- Transaction
- University of California San Diego (UCSD) Ethiopia

Providers were asked to list the organizations that provide them with communication materials. The FMOH and PHSP were the only two organizations cited.

5.2.6 Readiness to promote private health facilities

Only PHSP team leaders were asked about whether or not they felt that PHSP-affiliated private health facilities were ready (have the capacity to provide the services, services are of high quality, etc.) to promote services (through BCC efforts) to clients. The possible responses were: fully ready, partially ready, not ready at all, services not available yet (i.e. ART), and I do not know. Respondents were also given space to provide additional comments.

PHSP team leaders suggested that most of the PHSP-affiliated facilities were ready, with the few challenges stated below.

- Lack of uniform and fair costs
- Unsure sustainability of supply of equipment
- Unsure sustainability of services
- Capacity of staffing

Although not related to the readiness of the facility, team leaders also felt that client misconceptions, such as the perceptions that services are expensive in the private health sector, would be a challenge to effectively promoting facility services.

5.3. General observation of BCC materials in private clinics in Addis Ababa

Generally, the use of communication materials was poor in the four private clinics observed in Addis Ababa. Specific observations include:

- Posters were outdated, of poor content and production quality, and often were posted on the walls without order. They were mainly in English, which not all clients speak. Overall, the posters appeared to be more decorative than informative.

- Most clinics had televisions in the waiting areas; however, the programs shown were not health related but rather soccer and news.
- Brochures, flyers, or other communication materials were also not available for clients to take or read while waiting to be seen by the provider. However, one clinic had several HIV-related materials from ARC displayed on a table in the examination room.
- In two of the four clinics observed, job aides were photocopied and as a result the text was blurred. In one clinic, job aides supplied by PSP-Ethiopia were stored, unused, in a corner; the clinic informed PHSP that the condition of the wall made it hard to hang posters.

5.4. Informal conversation with clients in private clinics in Addis Ababa

Clients remarked on the shortage of BCC materials and conveyed the importance of these resources. Furthermore, they asked for informative communication materials for health-related issues, such as diabetes and high blood pressure, in addition to the PHSP focus health areas.

5.5. Interviews and discussions with government, local, and international organizations working in similar health areas

Interviews and discussions were conducted with staff during visits to the 23 organizations shown in Table I below. Through these conversations, PHSP learned about what work the organization was conducting and in which health areas and what types of BCC materials they use or produce. The team also introduced the work under PHSP, specifically the BCC activities. A summary of this can be found in Table I. PHSP also presented the 23 organizations with a formal letter to establish a collaborative partnership for the way forward, particularly to promote sharing of BCC materials.

5.6. Collection and review of communication materials

The materials collected by the PHSP team during interviews (detailed in Table I) were then reviewed by the Senior Access & Demand Advisor and PHSP team leaders of the project's health areas.

Based on the materials collected, the following initial observations were made for each health area:

- Many materials on FP have a social marketing perspective to promote methods. There is a lack of materials on FP that explain side effects, misconceptions, and other issues that concern clients.
- Many informational materials are available on facts about TB, including materials created under PSP-Ethiopia and further adapted by PHSP. There is a lack of materials that provide guidance and support for treatment adherence or address multiple drug resistance (MDR).
- There are various materials on ART, particularly on facts about treatment, benefits of ART, etc. ARC is a major source for such materials and distributes them to many NGOs and government entities.
- Very few of the organizations visited had materials on malaria or STIs. From the materials collected, those on malaria are primarily on the use of bednets, while there is little on malaria symptoms or treatment. From the materials collected, very little exists on STIs.
- Most of the materials collected are informational. Materials to influence a change in behavior are very limited.

Based on this review, the team selected several materials for duplication and distribution to project-affiliated private sector facilities. These materials were chosen because they had accurate content, a simple design, and informative messages which fit private sector needs. These included a TB prevention

poster by ITECH and TB-CAP and two brochures by HCP, one on FP methods and the other on STIs. Formal requests were sent to the respective organizations to receive printed copies or permission to duplicate selected materials. Some materials have been distributed to affiliated private clinics.

Table 1. Organizations Visited and BCC Materials Collected

ORGANIZATION VISITED	HEALTH / TECHNICAL AREAS OF FOCUS											PRODUCES BCC MATERIALS?	BCC MATERIALS COLLECTED							COMMENTS
	ART	HIV /AIDS	HIV CARE & SUPPORT	PALLIATIVE CARE	PMTCT	CT	FP/RH	MCH	MALARIA	STIS	TB		WATER	BROCHURE	FLIPCHART	FLYER	JOB AIDE	POSTER	STICKER	
Addis Ababa Health Bureau													No							Obtains BCC materials from FMOH.
ARC													Yes							Order materials by request.
Communication for Change													Yes							Distributes materials through health extension workers and at community mobilization events.
Consortium of Reproductive Health Associations													No							Works on capacity building, networking, advocacy, and resource mobilization.
DKT Ethiopia													Yes							Produces social marketing materials and distributes to facilities selling their products.
EngenderHealth													Yes							Distributes to affiliated public health posts.
Ethiopian Public Health Association													No							Has a library with reference materials in related health areas.
FGAE													No							Obtains materials from other organizations to distribute to affiliated facilities.
FHI													Yes							Distributes directly to targeted communities.
FMOH													Yes							Distributes materials to health facilities and through partner organizations. Creates many materials for major events such as World TB Day and Worlds AIDS Day. Also receives materials from organizations like ARC.

ORGANIZATION VISITED												PRODUCES BCC MATERIALS?	BCC MATERIALS COLLECTED							COMMENTS
	ART	HIV /AIDS	HIV CARE & SUPPORT	PALLIATIVE CARE	PMTCT	CT	FP/RH	MCH	MALARIA	STIS	TB		WATER	BROCHURE	FLIPCHART	FLYER	JOB AIDE	POSTER	STICKER	
HIV & AIDS Care and Support Program / MSH																				Distributes to affiliated public health posts.
HCP																				Distributes materials through trained peer educators. Also has a CD with soft copies of materials.
ICAP																				Produces mostly job aides, guides, manuals, etc. to support public hospitals and facilities.
Ipas																				Distributes materials through grantees and public health facilities.
ITECH-Ethiopia																				Obtains materials from other organizations and distributes them to regional public hospitals and health posts. They do develop clinical training manuals.
JHU-TSEHAI																				Works in four regions and distributes to project-affiliated public and private health facilities in those regions. Also obtain materials from ARC for distribution.
MSI - Ethiopia																				Materials are delivered to MSI clinic facilities. Conducts research to produce evidence-based BCC materials.
National HAPCO																				Obtains BCC materials from ARC to distribute to public facilities.

ORGANIZATION VISITED												PRODUCES BCC MATERIALS?	BCC MATERIALS COLLECTED							COMMENTS
	ART	HIV /AIDS	HIV CARE & SUPPORT	PALLIATIVE CARE	PMTCT	VCT	FP/RH	MCH	MALARIA	STIs	TB		WATER	BROCHURE	FLIPCHART	FLYER	JOB AIDE	POSTER	STICKER	
Pathfinder													Yes							Partners mainly with local nongovernmental organizations (NGOs) and distributes materials to them.
Population Media Center													Yes							Produces radio serial dramas, radio programs in local languages, and print products, including youth-focused publications. Work is evidence-based to target messages to specific audiences.
PSI													Yes							Distributes materials through sales representatives, health facilities, and local NGOS as grantees.
TB-CAP/MSH													Yes							Distributes to affiliated public health posts via regional health bureaus.
UCSD-Ethiopia													No							Works with the military, police, and in prisons. Obtains materials from ARC and distributes to these facilities as part of training and other activities.

5.7. Site visits at clinics in the Oromia and SNNPR regions

PHSP conducted eight informal site visits over a period of three days in September 2010 to the following eight PHSP-affiliated private health facilities in Adama, Shashemene, and Awassa:

Oromia

- Sister Aklesia Memorial Hospital Nazareth, Adama
- Medhaniealem Hospital, Adama
- Lukas Higher Clinic, Adama
- Hebreret Higher Clinic, Adama
- Faya Higher Clinic, Shashemene

SNNPR

- Awassa Beteseb Clinic (Medium Clinic), Awassa
- Wako Tikur Wuna Higher Clinic, Awassa
- Hawassa Haiqe Higher Clinic (Poly), Awassa

PHSP collected information in three ways during these visits. First, the team met with facility providers, generally a doctor, nurse, and/or the facility manager to discuss their perceptions of service utilization, provider-client interaction, use of BCC materials, and effective communication channels. PHSP also held informal discussions with clients sitting in the waiting room to get their perceptions of the quality of service, why they seek private sector services, and what types of BCC materials they use. Finally, the team also observed how BCC materials were being used by patients and providers in the clinic.

A summary of overall findings from these site visits are as follows however, more specific findings from each health facility visit can be found in Annex A.

5.7.1. Provider Perspective

Services Provided: Clinics provide general medical services, which include malaria and STI treatment (no special clinic for these). All have TB/HIV-specific services, some with the capacity to treat, others just to diagnose.

Awareness & Promotion of Services: Most clinics did not promote their services. All clinics described word of mouth (based on a good reputation) as being the most effective way they generated demand.

Utilization of Services: Services were generally considered well utilized. Some providers felt that they would like to have more demand for services while others did not think the clinic had capacity to handle more.

Provider-Client Interaction: Generally the providers felt that they had good rapport with their clients. In a couple clinics, the doctors were considered to have wonderful dispositions and good rapport with the patients (also supported by client feedback). Only a couple providers acknowledged the need for improved communication between provider and client.

Communication Materials in the Facility: Most facilities had PSP-Ethiopia posters and job aides posted and several had the PSP-Ethiopia TB brochure. Several facilities also had materials on family planning from DKT. One facility had posters on other topics, including malaria and HIV. Diversity of materials (topic and creator) was very low. Generally providers did not find brochures to be useful to the clients. Most felt that clients would take the brochure to be nice and then dispose of it without reading it. All clinics had a TV and most had a DVD player or VCR or were willing to purchase one. All providers felt that audiovisual materials would be

useful and that patients would watch them. The PSP-Ethiopia TB posters were faded in almost all clinics where they were posted. This should be considered for the future.

Media Channels: TV and FM radio were considered the best and most effective media channels to reach their clients.

Literacy: Literacy level is low, especially in the rural clients.

Language: A variety of languages is used by their patients. Regionally the primary language differs. In Oromia, the primary languages appear to be Amharic and Oromo. In SNNPR, the primary languages appear to be Sidamo, Oromo, Wolaytta, and Amharic.

5.7.2. Client Perspective

In general, most clients said:

- They come to these private clinics for the quality of services and the specific doctors they like.
- They come from far away and would like to see clinics like these closer to their homes.
- Brochures would be useful, which is contradictory to what doctors have observed.
- They would like to see audiovisual health communication materials in the waiting rooms.

5.7.3 General Observations

Many of the facilities have BCC materials, usually posters, hanging in the hallway and/or waiting room. However these materials often times appeared faded. The most commonly seen materials were PSP-Ethiopia TB/HIV posters and FP social marketing materials from DKT. Most facilities have televisions in the waiting rooms.

6. CONCLUSION

This assessment helps inform the successful implementation of BCC activities for the term of the PHSP project. Assessment findings will help in the effective planning of BCC activities as needs and gaps have been identified.

As originally stated in the PSP-Ethiopia 2008 assessment report, there is still a scarcity of BCC materials and job aides in the private health facilities. Clients also have very limited sources for obtaining information on health-related issues. Coverage of health issues in mass media is low and health-related communication materials are not targeted to hard-to-reach groups such as the illiterate. Prior to the creation of new materials, it will be necessary to gain a clear understanding of what types of materials clients will use.

Providers agreed that having BCC materials is important; however, actual use was low. Referring again to the PSP-Ethiopia 2008 assessment report and evident in this assessment is that health care providers still have limited knowledge on the use and application of BCC materials or job aides. Moreover, health providers lack IPC skills to effectively communicate with the client and there are no supporting materials or current trainings to strengthen such skills.

Through partner organization visits, opportunities for collaboration and experience sharing regarding BCC activities have been identified. Materials have been collected and several have been identified for reprint and distribution to PHSP-affiliated facilities.

Most importantly, through visits to various private health facilities, practical information has been obtained for understanding the current situation regarding the availability of BCC materials and through informal client interviews and discussions, the need for such materials has been stressed.

7. WAY FORWARD

From the assessment, PHSP now has a general understanding of the BCC materials that exist, how they are being used, and how the project should move forward with BCC activities. Next steps will include the following activities:

- Continue identifying existing communication materials including job aides and distribute them to private health facilities.
- Carry out formative research to understand the barriers to change and influencing and motivating factors of target audiences with regard to specific health problems or behaviors. This also includes exploring effective communication channels among these groups.
- Develop effective communication campaigns and materials informed by the formative research process described above.
- Produce IPC curriculum and provide training to providers.
- Monitor implementation of communication campaigns, utilization of BCC materials, and use of IPC skills through supportive supervision methods.
- Monitor and evaluate reach and impact of communication materials through project monitoring and evaluation activities. Modify BCC materials and approach as need be based on findings from these monitoring activities.

ANNEX A. FINDINGS FROM INFORMATIONAL SITE VISITS AT PRIVATE HEALTH CLINICS IN THE OROMIA REGION AND SNNPR

Sister Aklesia Memorial Hospital Nazareth, Adama, Oromia Medical Directorate & Clients

PROVIDER PERSPECTIVE:

Services Provided

- General medical services for adults, children, and pregnant women
- Outpatient and inpatient services
- Malaria, FP, STI, PMTCT, TB/HIV(free), ART services (free)
 - Hospital was chosen by Oromia Regional Health Bureau to offer free ART

Awareness & Promotion of Services

- No advertising is conducted.
- Catchment area is fairly large.
- They provide mobile VCT and cleft lip repair (Smile Train), so people are aware of the hospital in more remote areas.
- Word of mouth is effective for facility promotion.

Utilization of Services

- Services are underutilized; the hospital could handle more.
- TB/HIV services are free so there is no revenue generated from these services. They do not want to advertise the services for this reason (they will gain nothing financially and yet have to support more patients).
- Incidence of malaria has dropped so the service is underutilized.
- Lack of information and misinformation about the price of services since it is private. Individuals think it is more expensive than it really is, especially when they are offering TB/HIV services for free.
 - They thought fees were fair, for example lab fees.
- Patients claim the right to be treated for a low fee. Most patients can't afford to pay much.
- The biggest challenge for clients in accessing the hospital's services is money.
- People come from many different areas.
 - Although they are different, there is not much difference between groups (gender, ethnicity, profession, etc.) in terms of utilization.

Provider-Client Interaction

- The way the doctor handles the patient is really important. They must know how to talk to them and understand their cultural and religious differences.
- Language is not much of a problem because their staff can speak a variety of languages.
- Doctors here would very much benefit from IPC training. Most doctors have problems with communication from the training they receive in school. "We need this skill." This should really be incorporated into the current medical curriculum.
- Staff here would be willing to be trained in IPC.
- Training in general customer service skills could be very useful as well.
- Patients do have a problem understanding doctors and doctors have a problem communicating well to patients. Doctors use very technical medical terms.

- Clients are very polite but they know doctors have a communication problem. The clients know what to tell the doctor. This is a problem during diagnosis and treatment.
- Communication is mechanical and does not allow for discussion and understanding of psychosocial issues, which are present in many cases.

Communication Materials in the Facility

- The hospital has posters for clients but they are not really interested in them. Clients would like audiovisual materials – it is much better to hear. Pamphlets are not very effective because the client will take the pamphlet and then throw it away later. The hospital has a TV and a VCR.

Media Channels

- TV is most popular. If one neighbor has a TV, then all the neighbors will come watch it.
- Radio

Literacy

- Very mixed literacy rates since there is such an intersection of groups: farmers, builders, bankers, businessmen, university students, etc.

Language

- Amharic
- Oromo

CLIENT PERSPECTIVE:

- 1. Why did you decide to come to this hospital, what do you like about it?**
 - Quality of services
 - Some services are offered for free
 - Good reputation/recommended
- 2. What do you like especially about this hospital?**
 - They have a comment box for suggestions
 - They have translators available for non-Amharic speaking clients
- 3. What improvements would you like to see?**
 - Doctors are sometimes unavailable
 - Shorter wait times
 - All services advertised and listed should be readily and conveniently provided
 - We travel from far so we need more private clinics or hospitals in the vicinity where we live
- 4. Do you feel comfortable talking with your doctor? Nurses?**
 - We do, hospital staff are nice and attentive
- 5. Do you understand the advice your doctor gives you about your health?**
 - We do understand
- 6. When you are here at the clinic what types of materials would you like to find?**
 - Information is important, any informative materials

- Posters brochures are important too
- We would love to have audiovisual education while waiting in the waiting area

7. What type of materials would you find useful to take home with you?

- Any kind of material is useful if it is informative

8. How else would you like to get information on health issues

- TV
- FM Radio

GENERAL OBSERVATIONS:

- “Free Condoms” rack on wall was empty.
- Busy, waiting room filled with people of varying backgrounds
- PSP-Ethiopia TB posters on wall in the waiting room (2 side-by-side) and one above a doorway. Only communication materials seen.
- TV in waiting room with Ethiopian news channel on.

Medhanielem Hospital, Adama, Oromia
Doctor/Owner & Clients

PROVIDER PERSPECTIVE:

Services Provided

- General medical, exams, x-rays, delivery, TB/HIV, PMTCT, VCT, STIs (no specific services but will treat), and currently mobilizing a room specifically for FP.
- No specific services for malaria, but will treat cases if they come in. They treat malaria patients with other general services, like TB/HIV.
- General services, in- and outpatient

Awareness & Promotion of Services

- The clients get information about the hospital through leaflets and on TV (commercials), then the service promotes itself once they come to the hospital.

Utilization of Services

- There is a difference in utilization among the services. Many come here for treatment. If they have TB they stay here for treatment but if they test positive for HIV, they are referred out.
- They can do more (“we can’t really say otherwise can we?” states laughing), but they don’t have the capacity to do so.
- Price prevents clients from utilizing the services. Patients have to pay for every service at this hospital.
- Quality of service also drives utilization. It depends on the quality of the instruments and the training of the providers. They must develop capacity to give better service to the client.
- The service influences clients to come to this hospital.
- Service utilization (public versus private) is becoming more even. Public fees are increasing. Private services are all in one location; they aren’t referrals to other places for things like x-rays for example. Private services are more efficient at managing patients and more timely for the patient.

Provider-Client Interaction

- Specialists take more time with the clients than the GP's because they do more evaluation.
- Many challenges of working with the patients exist. One is that many patients believe that you are giving them the service just to make money off of doing so. They think this is not professional. This is a trust issue. Once you convince them by showing them what you give is what they need, they gain more trust.
- Relationships between provider and patient are good.
- Communication between patient and doctor is not a problem. Maybe language, but the hospital has translators that can speak with them.

Communication Materials in the Facility

- Hospital has brochures that are given at the reception.
- Some patients would use malaria, condom/HIV materials.
- Brochures would be most useful.
- The hospital has a TV in the waiting room. They watch Ethiopia TV and other channels.
- Audiovisual health materials would be useful. The hospital would be willing to purchase a DVD player or VCR if need be.

Media Channels

- TV and FM radio

Literacy

- Most clients come from rural areas and might not be able to read.

Language

- Oromo and Amharic for materials
- Some of the patients speak Afar and Somali too, but the above languages would suffice for materials.

CLIENT PERSPECTIVE:

- 1. Why did you decide to come to this hospital, what do you like about it?**
 - Quality of services
 - Good doctors
- 2. What do you like especially about this hospital?**
 - Quality services are offered
- 3. What improvements would you like to see?**
 - Less long waits
 - We travel from far so we need more private clinics or hospitals in the vicinity where we live
- 4. Do you feel comfortable talking with your doctor? Nurses?**
 - We do, hospital staff are nice and attentive
- 5. Do you understand the advice your doctor gives you about your health?**
 - We do understand

6. Why have you decided to visit a private hospital instead of a free public hospital?

- Good services
- Attentiveness
- Available of new medical methods/modern and updated health care

7. When you are here at the clinic what types of materials would you like to find?

- Posters brochures
- We would love to have audiovisual educations while waiting in the waiting area

8. What type of materials would you find useful to take home with you?

- Brochures/flyers

9. How else would you like to get information on health issues?

- TV
- FM Radio more

GENERAL OBSERVATIONS:

- Netmark/AED poster hung above the reception desk. No other posters seen in reception area. There was a poster ad for electrical home appliances.
- Waiting room was very full.
- Variety of people from different backgrounds; clearly rural residents too.
- Doctor seemed very out of touch with the general problem of inefficient client-provider interaction.

**Lukas Higher Clinic, Adama, Oromia
Clinic Manager/Owner & Clients**

PROVIDER PERSPECTIVE:

Services Provided

- Outpatient services
- Many patients come here to see the internist for lung, kidney, and liver issues.
- No services for children or pregnant women
- TB/HIV, diabetes, STIs (but not a special clinic, just treated when they present), malaria (but not in season now).
- 1 doctor, 2 lab technicians, and 2 nurses

Awareness & Promotion of Services

- This clinic has been around for 20 years, so people know it.
- There is no need for advertising, word of mouth is sufficient.

Utilization of Services

- People come here for diabetes, hypertension, many for geriatric problems, and TB.
- The clinic has a shortage of physicians so people have to wait days sometimes to see the physician for their specific health condition (they may not be there the day the patient comes in).
- There is not really an economic problem here because patients already know they have to pay for the services.

- The care they provide is what influences the patients to come to this clinic. The doctors take time for the patient. This makes it more special for the patient than other places.
- One challenge is that patients expect to get in to see the doctor right away since they are paying more. They don't like the wait time, which there is since there is a shortage in doctors (another challenge).
- Patients often come with many people so they all want to know what is wrong with the patient.
- Over the years, the farmer population has changed their dress and the way they live. About 40-60% of her clients are from rural areas outside of Adama.

Provider-Client Interaction

- The relationship between provider and client is very good here. The doctor makes them happy after they have been waiting so long. His care and rapport makes up for the wait. The doctor only takes 20 patients a day so he spends time with them.
- A customer service skills training would be very helpful for front office staff. The receptionists struggle with how to deal with so many patients coming in.

Communication Materials in the Facility

- There are some posters in the injection room on knowing your blood type.
- They have some brochures that they try to give the patients. Some are curious and take them, but many don't pay attention to them.
- They don't advertise their services because they have a shortage of staff.
- For the farmer population pictures and audiovisuals would be more useful.
- Audiovisuals would be useful for all.
- The manager was going to record herself giving health advice to be played on the TV in the reception area, but she didn't have time and was nervous to do so. She really thinks audiovisuals would be effective.
- They also have a DVD and VCR they could use at the clinic. She prefers VHS over DVD because DVDs get scratched.

Media Channels

- TV and radio. Their clients do have TVs, even if they are poor. They have different priorities.

Literacy

- Reading is poor.

Language

- Amharic and Oromo. The clinic has translators when needed.

CLIENT PERSPECTIVE:

1. Why did you decide to come to this clinic, what do you like about it?

- Quality of services
- Good doctors (Doctor Daniel was very much appreciated here)

2. What do you like especially about this clinic?

- The doctor is special, attentive and has helped cure many patients

3. What improvements would you like to see? (more younger clients observed)

- Family planning services
4. **Do you feel comfortable talking with your doctor? Nurses?**
 - We do, hospital staff are nice and attentive
 5. **Do you understand the advice your doctor gives you about your health?**
 - We do understand
 6. **When you are here at the clinic what types of materials would you like to find?**
 - Posters, brochures
 - We would love to have audiovisual educations while waiting in the waiting area
 - Information on FP methods, a lot of clients seek the day after pill because of lack of knowledge of methods to prevent pregnancy.
 7. **What type of materials would you find useful to take home with you?**
 - Brochures/flyers
 8. **How else would you like to get information on health issues?**
 - TV (Older client as the young do not watch Ethiopian television and prefer satellite provided TV shows)
 - FM Radio more
 9. **General comment by one of the clients:**
 - “Why do you support private clinics as they provide service for the ones that can only pay, what about the poor?”

GENERAL OBSERVATIONS:

- A lot of TB materials. Posters for the client (promoting HIV testing if TB-positive and adherence) and job aides on the walls for the provider in the intake room (where every patient goes after reception).
- PSP-Ethiopia TB poster in outdoor waiting area.
- No posters in indoor reception/waiting area.
- Poster on HIV testing for patients getting a TB test also in injection room/lab.
- TV in the indoor waiting room/reception area was playing cartoons on the “action” channel.
- Receptionist was lukewarm.
- Very nice radiation/x-ray room and dark room. Eventually they want to get digital x-ray machine.
- They are planning to expand the building, adding on another wing. But they do not have plans to expand the number of doctors. The “shortage of physicians” seems to be self-imposed. The manager explained that doctors have an expensive salary whether or not they see patients and people want to see the same doctor every time. They do take appointments and the majority of clients are repeat visitors. This issue seems to be more of a management issue – could be solved.
- PSP-Ethiopia TB brochures were found sitting in a pile in the TB room. The lab tech said that patients just don’t take them.
- The clinic was very clean and well organized. The level of organization and management was quite impressive.

Hebret Higher Clinic, Adama, Oromia Head Nurse & Clients

PROVIDER PERSPECTIVE:**Services Provided**

- Medical, surgical, pediatric, gynecology – this and that, but not full service.
- HIV and PMTCT but not ART
- No FP
- Malaria
- TB

Awareness & Promotion of Services

- Patients just come here. The clinic has been around for a long time and the reputation is good.
- Word of mouth is what promotes the clinic.

Utilization of Services

- Medical services, like general health services and malaria, are the most utilized.
- Patients come from surrounding areas for TB. They are diagnosed here then referred for treatment elsewhere.
- Price is comparable to other places.
- Lack of information and knowledge about treatment and the benefit of services reduces utilization. So does competition – clinics stealing patients from one another. There is a lot of competition.

Provider-Client Interaction

- A lot of patients come to this facility so they need high turnover. They rush.
- Clients are not patient. For example, they go to the lab for tests and want their results immediately. They don't understand that it is not instant. They don't understand the process.
- Clients ask for particular doctors that they like.
- The provider talks to the patient and they say they understand, but the provider knows they don't. It is hard to follow up to address this problem. They understand TB. Hard to distinguish the understanding in different services.

Communication Materials in the Facility

- Communication materials are useful. They take it but the providers don't know if they read or use them.
- There are posters in the offices. They sit down in front of them, so they do read them since it is right there.
- The clinic has a TV and DCD (but this is not used).

Media Channels

- People like TV.
- Never seen anyone here with a newspaper.

Language

- Clients prefer Oromo.

CLIENT PERSPECTIVE:

1. **Why did you decide to come to this clinic, what do you like about it?**
 - Quality of services
 - Good doctors
2. **What do you like especially about this clinic?**
 - Good laboratory services
3. **What improvements would you like to see? (more younger clients observed)**
 - Less waiting time
4. **Do you feel comfortable talking with your doctor? Nurses?**
 - We do, hospital staff are nice and attentive
5. **Do you understand the advice your doctor gives you about your health?**
 - We do understand
6. **When you are here at the clinic what types of materials would you like to find?**
 - Posters brochures
 - We would love to have audiovisual educations while waiting in the waiting area
7. **What type of materials would you find useful to take home with you?**
 - Brochures/flyers
8. **How else would you like to get information on health issues?**
 - TV
 - FM Radio more

GENERAL OBSERVATIONS:

- A lot of posters in the outdoor hallways and offices:
 - Several PSP-Ethiopia TB posters (HIV test if TB-positive and TB is everywhere and anywhere) in outdoor hallways and offices.
 - HIV posters from ARC and AIDSTAR near reception office in hallway
 - Poster on malaria for insect repellent jelly in hallway
- TV in large waiting area. Ideal for audiovisual materials because the seating is set up in rows facing the TV. When we arrived a parliament discussion was on TV and totally captivating the clients. When we left a music video program was playing, which was less captivating but still holding the attention of clients sitting in that area.
- Clinic used to be a hotel so there are many rooms. It had a good setup with plenty of space.
- Very busy, lots of patients there.

**Awassa Beteseb Clinic (Medium Clinic), Awassa, SNNPR
Doctor & Clients**

PROVIDER PERSPECTIVE:

Services Provided

- Outpatient care: physical exams, labs, treatment (if they have the capacity). If beyond their capacity, they will refer the patient to a higher clinic or hospital.
- HIV/TB.
- No FP but refers clients to the FP Office of Tax and Revenue.
- Treatment of malaria if not a severe case, otherwise they refer them to the hospital.
- Screening for HIV and if positive they counsel the patient on starting treatment (if pregnant, counsel on PMTCT).

Awareness & Promotion of Services

- There is a billboard at the entrance to the neighborhood where the clinic is located. They put this up because the MOH required them to do so.
- They don't advertise.
- Word of mouth.
- Patients know doctors who were at other hospitals so they now come to this clinic to see them.
- Some clinics give coins to people bringing patients to them. This clinic avoids this approach because they think it is a bad habit.

Utilization of Services

- Services are well utilized. The clinic has 2 health providers that are known to the patients.
- There are many patients with chronic coughing (2 months or more).
- Many TB patients are expected to have HIV too. They are aware of this. The older generation is less likely to test due to the stigma. The doctor talks to them and discusses the issue. Some will come to the clinic and say they are positive. Stigma is improving from before – there is no more isolation.
- The type of service and quality brings people to the clinic.
- The amount of money the clinic is asking for also influences patients whether or not to come. For some patients the cost is ok, but many do not have enough to pay.
- The health service should be worth what they pay for it.
- Health cards cost 10 Birr. “We need to live with the people.” Doctor believed that those who can't afford to pay should get the service free. For example daily laborers and domestic employees should visit this clinic for free.
- If there is good service, patients will come. This means the doctor will give them a proper examination, “heal their history”, communicate well with them, and send to the lab if they need labwork.

Provider-Client Interaction

- A typical visit with a patient starts with an observation of the patient (how they come in, are they carried in or do they walk, how they appear, etc.) and history taking. Then priority is assigned to the patient based on this.
- There is one health officer, 1 nurse, and 1 doctor. The RN screens patients and sends them to the HO. The doctor will screen and exam patients.
- Certain challenges exist:
 - Some come in “sick” because they need to get sick leave.

- Some patients are complainers.
- Some patients that are considered low priority based on their illness don't understand that and want to be seen right away. For example, many office workers that come in will be in a rush. "They think they are very big people."
- Patients don't always think the services go smoothly because they have to wait.
- Patient comes with family and they are impatient. Sometimes they suggest to the sick patient that they try going to another clinic for faster service. Usually the patient would rather just stay.
- Cultural issues, such as the evil eye.
- For TB, some patients deny that they actually have TB. They don't like to call it asthma either. Both are stigmatized. The doctor often times has to convince them to get treatment for TB even when they deny they have it.
- The staff accepts the culture differences and knows how to receive them.
- People are getting empowered to know more about themselves and their health.
- The biggest positive change seen is that now there is enough equipment for screening for TB and HIV, whereas before they had to refer them out. Same with TB treatment. Before when referred some patients would get rejected for TB treatment after being referred from the clinic.
- One negative change is that there are many young educated doctors who lose respect for the older experienced doctors. The younger ones have the knowledge but they don't have the practical experience.

Communication Materials in the Facility

- There is some shortage of materials in the clinic.
- More materials would be useful.
- The manpower is not available to organize the materials.
- They have the DKT material that describes the different FP methods. People are very interested in this. It is new. Especially the young people.
- Audiovisuals would be very helpful, very important.

Media Channels

- TV
- Local Awassa FM radio. This would be good for reaching a large community. Most programs are in Amharic. There are some health programs so people are familiar with that.

Language

- There is mixed language use here.
 - Foreigners come from the local NGOs and they speak English.
 - Many different local languages, including Amharic, Sidamo, Alaba-K'abeena, Kambaata, Wolaytta, Oromo, Silt'e
- Amharic is the primary language suggested for materials, then Sidamo and Wolaytta.
- Various ethnic groups have many common cultural aspects.

CLIENT PERSPECTIVE:

1. Why did you decide to come to this clinic, what do you like about it?

- Good reputation, highly recommended

2. What do you like especially about this clinic?

- Patients seen here get cured.

3. What improvements would you like to see?

- We travel from far so we need more private clinics or hospitals in the vicinity where we live.

4. Do you feel comfortable talking with your doctor? Nurses?

- We do, hospital staff are nice and attentive.

5. Do you understand the advice your doctor gives you about your health?

- We do understand.

6. Why have you decided to visit a private hospital instead of a free public hospital?

- Good services
- Attentiveness
- Less long waits
- Lack of favoritism, in public facilities some patients are seen first

7. When you are here at the clinic what types of materials would you like to find?

- Materials with any kind of information
- We would love to have audiovisual educations while waiting in the waiting area

8. What type of materials would you find useful to take home with you?

- Materials with any kind of information is useful

9. How else would you like to get information on health issues?

- TV but watch satellite shows more
- FM Radio more

GENERAL OBSERVATIONS:

- Materials in the examining room, including PSP-Ethiopia TB job aides, PSP-Ethiopia TB posters, and FP DKT poster.
- FP poster on IUD in the waiting room from DKT.
- TV in the waiting room with a music program on. Patients were watching it.
- Lots of FP materials even though they refer their patients looking for FP to other facilities.

**Wako Tikur Wuna Higher Clinic, Awassa, SNNPR
Doctor & Clients**

PROVIDER PERSPECTIVE:

Services Provided

- General services, internal medicine, gynecology, tropical medicine, TB/HIV, malaria, typhoid, PMTCT
- FP and STIs services are provided by the gynecologist
- TB services are free.

Awareness & Promotion of Services

- Clinic is over 10 years old. It is the first higher clinic established in Awassa. One year ago it was bought from previous owners because they couldn't manage it. The previous owners were not doctors so they didn't know how to run the clinic. It's getting better now because the owners are physicians and better understand how the clinic should be run.
- The clinic promotes their services through ads on the FM radio, car microphone announcements, and leaflets.

Utilization of Services

- The clinic wants to add pediatrics and other specialties.
- They want to have more patients and they could handle more.
- They treat whatever comes in. Many illnesses are seasonal, like malaria.
- People from the rural areas will come to the clinic but sometimes they don't have the money to pay for services. For this reason, sometimes they can't get all the tests or procedures they need.
- One challenge is that patients will often deal with a condition for a long time before coming into the clinic. When they come it is often too late to heal their illness or condition.
- Some of the nationalities have their own beliefs. Some beliefs used to be a barrier for them to access health services, but this seems to be improving, especially among the younger generation.

Provider-Client Interaction

- The doctors see all the patients that come in and are then sent to a specialist in the clinic if needed. The doctor spends 5-7 minutes per patient.
- Most of the time the relationship with the patient is good. There are different cultural barriers. Language is one, but the clinic has people that work here that can translate or they will speak to the patient through a family member.
- Have to explain the condition and make sure the patient understands without using big medical terms. This doctor says he does not explain in detail; "Say something is wrong with your liver or you have a problem with your kidney."
- Let the patient talk freely; put him/her at ease. Some doctors, when they are busy, they become impatient.

Communication Materials in the Facility

- The clinic has posters in the outpatient room.
- DKT (the Awassa branch) brings materials and gives the clinic supplies.
- TB/HIV posters come from PSP.
- Other materials come from the Regional Health Office and drug companies.
- Materials are useful for the client when presented in a very simple way.
- Patients tend to come when they know TB is free.
- There is a TV, small DVD player, satellite receiver, and tape player with a microphone for the clinic.
- Audiovisuals for the clinic would be good.

Media Channels

- The clients listen to FM radio. It has very good coverage. They have programs in Amharic, Sidamo, and Oromia.
- The newer generations have a lot more information due to technology, like satellite TV and mobile phones.

Language

- Sidamo is a main language – over 3 million people from this ethnic group in the region. Wolaytta is the 2nd biggest group in SNNPR. Most of the other ethnic groups are less than a million to a few thousand people.

CLIENT PERSPECTIVE:

- 1. Why did you decide to come to this clinic, what do you like about it?**
 - Good service
- 2. What do you like especially about this clinic?**
 - Patients seen here get cured
 - Quality of services
 - Good doctors
 - Prices are fair
- 3. What improvements would you like to see?**
 - We travel from far so we need more private clinics or hospitals in the vicinity where we live.
- 4. Do you feel comfortable talking with your doctor? Nurses?**
 - We do, hospital staff are nice and attentive.
- 5. Do you understand the advice your doctor gives you about your health?**
 - We do understand.
- 6. Why have you decided to visit a private hospital instead of a free public hospital?**
 - Quality services
 - Better medical equipments
- 7. When you are here at the clinic what types of materials would you like to find?**
 - Posters. Brochures all are useful.
 - We would love to have audiovisual educations while waiting in the waiting area.
- 8. What type of materials would you find useful to take home with you?**
 - Materials with information
- 9. How else would you like to get information on health issues?**
 - FM Radio

GENERAL OBSERVATIONS:

- TV in waiting room with Ethiopian channel on. Rows of seating arranged in front of the TV.
- DKT posters on FP, PSP-Ethiopia posters on TB were in the waiting room. One PSP-Ethiopia TB poster was up on the outdoor hallway wall.

Hawassa Haiqe Higher Clinic (Poly), Awassa, SNNPR
Doctors & TB Nurse (no clients there during visit)

PROVIDER PERSPECTIVE:

Services Provided

- In/outpatient services
- TB/HIV
- Treatment for malaria cases, unless complicated or severe then they refer

Awareness & Promotion of Services

- The clinic is 6 years old.
- Word of mouth.

Utilization of Services

- Some services are related to the time of year, for example malaria and diarrheal disease (in the winter).
- People living around Awassa come whenever they have extra money to get a check-up. If they are sick and do not have money they won't come.
- For TB testing, many people come from Oromia region, but they want to get follow-up services in their region. They come to this clinic for the first visit because of the reputation. TB services are free, but these clients have to pay for lodging and transportation, which can be quite expensive. The clinic often refers them to the public health center for treatment.
- TB patients are not afraid to come because of stigma. In fact, they are usually happy to get a diagnosis. In rural areas, TB is not as related to HIV. TB is easily spread through the family. People in the rural areas seem very aware about TB. They seem to be empowered about seeking services.
- 20 Birr for a health card. It is not costly here.
- The poor do not come to this clinic; they go to the government clinics.
- The quality of service brings the clients to this clinic.
- Doctors spend about 10-15 minutes per patient. They take time to talk with them.

Provider-Client Interaction

- Building relationships with patients is important. Trust is also important to establish with the patients so that they take the medical advice.
- There is an unethical competition in the private health sector using brokers to bring clients to the clinic. The clinic will pay a small payment to the broker when they bring clients. This often will confuse patients about where to go. As a result, some patients will not seek services and sometimes die from their illness. This clinic does not partake in this scam.

Communication Materials in the Facility

- The clinic has posters and brochures for TB. They will test the patients, give them advice, and give them the brochure to take.
- The clients don't really use the brochures, they just leave them. It is hard to say what is useful for them. Flip charts to talk through with them would be more useful than brochures. The TB nurse does have time to use this type of material with them. She also has support staff that could help. The clients from Awassa (not rural areas) are more likely to take a brochure.
- There was a job aide in the lab that the lab tech said he referred to when he worked. He said more materials like this one would be helpful.
- It is important to have communication materials but the information has to come from the doctors since they give the patient the information/advice.

- It would be very good to have more communication materials, including audiovisuals.
- The clinic has a TV with Ethiopian TV station and a satellite dish.

Media Channels

- FM radio is more entertaining than Ethiopian TV.

Language

- Mostly Amharic is spoken here.
- There are staff here that can translate other languages when needed.

CLIENT PERSPECTIVE:

No clients were available to talk to.

GENERAL OBSERVATIONS:

- The clinic was in a very nice setting, has a beautiful garden, and is quite clean, but there were no clients to be seen – the waiting room was empty. Prices are higher and location maybe not convenient to clients.

Faya Higher Clinic, Shashemene, Oromia Doctor
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PROVIDER PERSPECTIVE:

Services Provided

- General medical services, including pediatrics, OB-GYN, chronic illness, surgery, routine malaria services.
- 10 beds for inpatient services
- Surgeon on staff
- TB/HIV, no ART
- No FP, just refer clients to other clinics.
- STI care is part of general services.
- Refer clients to hospital or government clinic for PMTCT.

Awareness & Promotion of Services

- The clinic has been open for 3-4 years. Right now there are no promotion activities.

Utilization of Services

- Malaria and TB services are more utilized.
- People know they have to go elsewhere for FP.
- Minor surgeries are also services that are well utilized.
- The patient's economical condition is what prevents patients from accessing services the most here. Things like admission and investigations are expensive. Money is the main barrier.
- 30 Birr for a health card – it is more expensive than other clinics. However, other clinic costs are more comparable.
- The clinic has better services, which attract people to utilize the clinic.
- About 85% of the clients come from rural areas.
- Clients are aware about FP but they are hard to get. There is a shortage of pills, IUDs, and injectables. Society traditionally thinks that having many children is a sign of wealth. There needs to be a better level of awareness.

Provider-Client Interaction

- There are certain days with mostly scheduled appointments, like surgeries. Patient flow is higher during these days.
- Doctors spend about 10 minutes per patient for consultation, but sometimes those with chronic illness, HIV, or other complicated illnesses may be with the doctor for around 30 minutes.
- The biggest problem is that patients don't tend to disclose their symptoms and problems in a frank manner. Often times the doctor has to take 10-15 minutes to convince them to talk about the issue(s).
- Health literacy is low.
- Many patients have been on ART for many years, but they still don't know the status of their partners. Their partners may have different and/or more resistant strains.
- The clients do take the advice of the providers but the doctor must know how to deal with them depending on their gender, ethnic group, etc.

Communication Materials in the Facility

- The best way to communicate health information is through the health extension workers because they speak their language and use the culturally appropriate terms. However, they don't work with the private sector at all.
- Printing pamphlets and flyers are not effective because they can't read. Communicating with verbal words is more effective. Simple conversations with simple terms are more important.

Media Channels

- Radio may be effective but sometimes not everyone has access in a household. For example, maybe the head of the household has access to it, but the female can't listen to it.

Language

- #1 is Oromo, #2 is Sidamo, and #3 is Wolaytta

CLIENT PERSPECTIVE:

The few clients in the waiting area did not speak Amharic.

GENERAL OBSERVATIONS:

- Several PSP-Ethiopia TB posters in rooms and on outdoor hallway walls. Those in the hallways were badly faded, making them look really old.
- The clinic was very quiet, very few clients waiting. Those that were appeared to be from rural areas.